Attorney Docket No0365-0656PUS1

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	invention entitled:					•	Ü	
Insert Title:	PHASE FAILURE DE	TECTOR AND	A DEVICE COMPRIS	SING THE SAME			<del></del>	
Fill in Appropriate Information - For Use Without	the specification of which is attached hereto. If not attached hereto, the specification was filed on						as	
Specification	and amended on					(if applicable	) and/or	
Insert Priority Information: (if appropriate)	the specification was filed on May 13, 2004 International Application Number PCT/FI2004/000289						_ as PCT	
	amended on					, and was		
	amended by any amendment referred to above.  I acknowledge the duty to disclose information wh Regulations, §1.56.  I do not know and do not believe the same was ever k thereof, or patented or described in any printed publication year prior to this application, that the same was not in puprior to this application, that the invention has not been p date of this application in any country foreign to the representative or assigns more than twelve months (six m patent or inventor's certificate on this invention has been for application by me or my legal representatives or assigns expenses.			known or used in ion in any country ublic use or on sepatented or made United States of months for design filed in any country capt as follows.  5. United States Ced below any force y is claimed:  May 15  (Month/	United States Code, §119(a)-(d) of any foreign application(s) for patent below any foreign application for patent or inventor's certificate having			
	(Number)	(Country	)	(Month/	'Day/Year Filed)	Yes	No	
	(Number)	(Country	)	(Month/Day/Year Filed)		□ Yes	□ No	
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.							
Insert Provisional Application(s): (if any)	(Application Number)			(Filing Date)				
	(Application Number) (Filing Date)							
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country		Application Number		Date of Filing (Mont	Date of Filing (Month/Day/Year)		
Insert Requested Information: (if appropriate)			-					
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
Insert Prior U.S.	(A-milianti - BY 1	<del></del>	(Filt - Filt)		(C)	<u> </u>	- 1)	
Application(s): (if any)	(Application Number)		(Filing Date)	(ruing Date)		(Status - patented, pending, abandoned)		
Page 1 of 2 (Rev. 12/19/01)	(Application Number	)	(Filing Date)	*	(Status - patented, p	ending, abandor	ned)	

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Full Name of First or Sole Inventor: Insert Jame of GIVEN NAME/FAMILY NAME INVENTION'S SIGNATURE DATE\* Inventor Insert Date This Document is Signed Erkki Miettinen artiber 2004 Residence (City, State & Country) CITIZENSHII Insert Residence Insert Citizenship Finnish Helsinki, Finland Insert Mailing Address MAILING ADDRESS (Complete Street Address including City, State & Country) Kirkkokatu 1 B A 1, FI-00170 Helsinki, Finland Full Name of Second GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE\* Residence (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country) Full Name of Third GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE\* II Name or rime. Inventor, if any: see above Residence (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country) Full Name of Fourth GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE\* Residence (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country) Full Name of Fifth Inventor, if any: see above GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE\* Residence (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country) Full Name of Sixth GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE\* Inventor, if any: see ahove Residence (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country)

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